

The Cottage City ARPA Small Business Relief Program

Date:

Business Name:

Person of Contact:

Telephone:

Email:

Business Address:

How long has your business been in operation?

How many employees does your business have?

What is the emergency hardship your business is currently facing?

How did you hear about the Cottage City ARPA Small Business Relief Program?

Has your business received assistance from the Cottage City ARPA Family Relief Program before? If yes, please explain.

Has your business received assistance from any Cottage City programs? If yes, please explain.

Has your business ever applied for assistance from any local, state or federal program(s) within the past three years? If yes, please explain.

By signing below, I acknowledge that the statements contained herein and information furnished by me in this application is true and accurate. I understand that if the information is found to be untrue or false, I will be disqualified for consideration. I understand that the intent of the Cottage City ARPA Small Business Relief Program is to provide assistance to qualified small businesses within the Town of Cottage City that are struggling with a temporary emergency.

Signature: _____ **Date:** _____